

**02/20/02**

## APPLICATION FOR LICENSE

[ ] Speech-Language Pathology  
[ ] Audiology

1. Name: \_\_\_\_\_ S. S. No. \_\_\_\_\_

2. Name as it appears on transcript: \_\_\_\_\_

3. Address: \_\_\_\_\_

Street	City	State	Zip

4. Telephone: Home ( ) \_\_\_\_\_ Business ( ) \_\_\_\_\_

5. U.S. Citizen: ☐ Yes ☐ No If no, have you declared your intention to become a citizen? ☐ Yes ☐ No

6. Date of Birth: \_\_\_\_\_

7. Have you ever applied for permanent or interim licensure in Speech-Language Pathology or Audiology in Kentucky? ☐ Yes ☐ No  
If yes, give license number and/or reason for denial:

8. Name of other state(s) in which you hold a license. \_\_\_\_\_

9. Have you ever had a license denied, suspended or revoked in any state or have you ever received a reprimand as a result of unethical, immoral or illegal conduct by any licensure board or agency? ☐ Yes ☐ No If yes, explain: \_\_\_\_\_

10. Have you ever been convicted of a felony? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

## 11. PROFESSIONAL EXPERIENCE (Begin with Current Position)

<p>Employed: From Mo. _____ Yr. _____ To Mo. _____ Yr. _____</p> <p>[ <input type="checkbox"/> ] Full-Time      [ <input type="checkbox"/> ] Part-Time      _____ hrs./wk</p> <p>Title or Position _____</p> <p>Name of Employer _____</p> <p>Address of Employer _____</p>	<p>Describe Your Duties</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Employed: From Mo. _____ Yr. _____ To Mo. _____ Yr. _____</p> <p>[ <input type="checkbox"/> ] Full-Time      [ <input type="checkbox"/> ] Part-Time      _____ hrs./wk</p> <p>Title or Position _____</p> <p>Name of Employer _____</p> <p>Address of Employer _____</p>	<p>Describe Your Duties</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

Do Not Write Below This Line- -For Board and Office Use Only

FEE RECEIPTED

Amount \$ \_\_\_\_\_ Date \_\_\_\_\_

Lic. No. \_\_\_\_\_ Date \_\_\_\_\_

BOARD REVIEW DATE \_\_\_\_\_

☐ Approved      ☐ Denied

Members \_\_\_\_\_

### EDUCATION

School	Names and Locations	Dates Attended		Date of Graduation		Number of Hours or Credits	Degrees Obtained
		From	To	Month	Year		
UNDER-GRADUATE SCHOOL							
GRADUATE SCHOOL							

**NOTE: All degrees applicable to Licensure must be documented by a CERTIFIED COPY of the official transcript. The transcript must be mailed directly to this office by the school registrar. No action will be taken on your application until necessary transcripts are received.**

#### APPLICATION FOR LICENSURE:

12. Do you currently hold the ASHA Certificate of Clinical Competence (CCC)?

☐ Yes Certificate Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

Documentation of certification must be submitted to the Board Office.

(Omit Item 13; see Item 14)

☐ No

(See Item 13)

13. If you do not hold the ASHA Certificate of Clinical Competence (CCC):

a. If you hold an Interim License: Was original plan of post graduate professional experience (PPE) completed?

☐ Yes

Supervisor's Signature: \_\_\_\_\_ License Number \_\_\_\_\_

☐ No; attach a statement explaining how your experience varied from the approved PPE

Supervisor's Signature: \_\_\_\_\_ License Number \_\_\_\_\_

b. If you do not hold an Interim License:

Submit written evidence from a licensed and/or certified speech-language pathologist or audiologist supervisor of nine months of full-time professional employment pertinent to the license being sought. Full-time is defined as nine months of employment for a minimum of thirty (30) clock hours of work a week. This requirement also may be fulfilled by part-time employment as follows:

Hours worked per week:*	Required length of employment:
25-29 hours/week	12 months (48 Weeks)
20-24 hours/week	15 months (60 Weeks)
15-19 hours/week	18 months (72 Weeks)

\*In the event that part-time employment is used to fulfill a part of the PPE, 100% of the minimum hours of the part-time work per week requirement must be spent in direct professional experience.

c. Submit documentation of passing score of Praxis Exam in Speech-Language Pathology and/or Audiology, directly from Praxis.

14. Submit this completed application along with a check or money order payable to the **Kentucky State Treasurer** for the application/licensure fee of \$150 (\$50 application fee/\$100 licensure fee); fee is \$100/licensure fee if you currently hold an Interim License in Kentucky. If applying for dual licensure the correct fee is \$300 (\$100 application fee/\$200 licensure fee). **DO NOT SEND CASH.** Mail to Kentucky Board of Speech-Language Pathology and Audiology, P. O. Box 1360, Frankfort, Kentucky, 40602.

#### AFFIDAVIT (Required)

I do hereby swear or affirm that the above statements made by me on this application are true, complete and correct to the best of my knowledge.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_